

Index of Claims



Application No.

10/023,145

Examiner

Neil Levy

Applicant(s)

BESSETTE ET AL.

Art Unit

1616

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date	
Final	Original		
1	1	3/12/99	
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11	11		
12	12		
13	13		
14	14		
15	15		
16	16		
17	17		
18	18		
19	19		
20	20		
21	21		
22	22		
23	23		
24	24		
25	25		
26	26		
27	27		
28	28		
29	29		
30	30		
31	31		
32	32		
33	33		
34	34		
35	35		
36	36		
37	37		
38	38		
39	39		
40	40		
41	41		
42	42		
43	43		
44	44		
45	45		
46	46		
47	47		
48	48		
49	49		
50	50		

Claim		Date	
Final	Original		
51	51		
52	52		
53	53		
54	54		
55	55		
56	56		
57	57		
58	58		
59	59		
60	60		
61	61		
62	62		
63	63		
64	64		
65	65		
66	66		
67	67		
68	68		
69	69		
70	70		
71	71		
72	72		
73	73		
74	74		
75	75		
76	76		
77	77		
78	78		
79	79		
80	80		
81	81		
82	82		
83	83		
84	84		
85	85		
86	86		
87	87		
88	88		
89	89		
90	90		
91	91		
92	92		
93	93		
94	94		
95	95		
96	96		
97	97		
98	98		
99	99		
100	100		

Claim		Date	
Final	Original		
101	101		
102	102		
103	103		
104	104		
105	105		
106	106		
107	107		
108	108		
109	109		
110	110		
111	111		
112	112		
113	113		
114	114		
115	115		
116	116		
117	117		
118	118		
119	119		
120	120		
121	121		
122	122		
123	123		
124	124		
125	125		
126	126		
127	127		
128	128		
129	129		
130	130		
131	131		
132	132		
133	133		
134	134		
135	135		
136	136		
137	137		
138	138		
139	139		
140	140		
141	141		
142	142		
143	143		
144	144		
145	145		
146	146		
147	147		
148	148		
149	149		
150	150		

ISSUE SLIP STAPLE AREA (for additional cross-references)

ISSUING CLASSIFICATION[illegible]

INDEX OF CLAIMS

Rejected Allowed		(through numeral)		Canceled Restricted		N 1		Non-scheduled Interference		A O		Appeal Objected	
Claim	Date	Claim	Date	Claim	Date	Claim	Date	Claim	Date	Claim	Date	Claim	Date
1		51		101		1		101		1		1	
2		52		102		2		102		2		2	
3		53		103		3		103		3		3	
4		54		104		4		104		4		4	
5		55		105		5		105		5		5	
6		56		106		6		106		6		6	
7		57		107		7		107		7		7	
8		58		108		8		108		8		8	
9		59		109		9		109		9		9	
10		60		110		10		110		10		10	
11		61		111		11		111		11		11	
12		62		112		12		112		12		12	
13		63		113		13		113		13		13	
14		64		114		14		114		14		14	
15		65		115		15		115		15		15	
16		66		116		16		116		16		16	
17		67		117		17		117		17		17	
18		68		118		18		118		18		18	
19		69		119		19		119		19		19	
20		70		120		20		120		20		20	
21		71		121		21		121		21		21	
22		72		122		22		122		22		22	
23		73		123		23		123		23		23	
24		74		124		24		124		24		24	
25		75		125		25		125		25		25	
26		76		126		26		126		26		26	
27		77		127		27		127		27		27	
28		78		128		28		128		28		28	
29		79		129		29		129		29		29	
30		80		130		30		130		30		30	
31		81		131		31		131		31		31	
32		82		132		32		132		32		32	
33		83		133		33		133		33		33	
34		84		134		34		134		34		34	
35		85		135		35		135		35		35	
36		86		136		36		136		36		36	
37		87		137		37		137		37		37	
38		88		138		38		138		38		38	
39		89		139		39		139		39		39	
40		90		140		40		140		40		40	
41		91		141		41		141		41		41	
42		92		142		42		142		42		42	
43		93		143		43		143		43		43	
44		94		144		44		144		44		44	
45		95		145		45		145		45		45	
46		96		146		46		146		46		46	
47		97		147		47		147</					

If more than 150 claims or 9 actions staple additional sheet here